

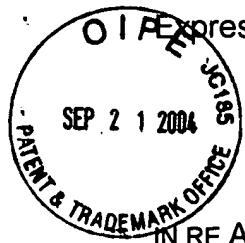
AMENDMENT TRANSMITTAL LETTER				Docket No. 101948074US																																			
Application No. 09/850,181-Conf. #1252	Filing Date May 7, 2001	Examiner Olisa Anwah	Art Unit 2645																																				
Applicant(s): Burg et al.																																							
Invention: METHOD AND SYSTEM FOR SIGNALING PRESENCE OF USERS IN A MULTI-NETWORKED ENVIRONMENT																																							
TO THE COMMISSIONER FOR PATENTS				RECEIVED																																			
Transmitted herewith is an amendment in the above-identified application.																																							
The fee has been calculated and is transmitted as shown below.																																							
<table border="1"> <thead> <tr> <th colspan="5">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>18</td> <td>- 33 =</td> <td>x</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 5 =</td> <td>x</td> <td>0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00</td> </tr> </tbody> </table>					CLAIMS AS AMENDED						Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	Total Claims	18	- 33 =	x	0.00	Independent Claims	4	- 5 =	x	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					Other fee (please specify):					TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00				
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00																																							
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																							
<input type="checkbox"/> No additional fee is required for this amendment.																																							
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																							
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																							
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0665 as described below. A duplicate copy of this sheet is enclosed.																																							
<input type="checkbox"/> Credit any overpayment.																																							
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																							
 Michelle C. Sarruf Attorney Reg. No.: 55,828																																							
PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247 (206) 359-8000																																							

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV522671766US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/21/04 Signature:  (Mike Smith)

9-22-04

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Attorney Docket No. 101948074US



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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: FREDERICK MURRAY BURG ET AL.

APPLICATION No.: 09/850,181

FILED: MAY 7, 2001

FOR: METHOD AND SYSTEM FOR SIGNALING
PRESENCE OF USERS IN A MULTI-
NETWORKED ENVIRONMENT

EXAMINER: OLISA ANWAH

ART UNIT: 2645

CONF. No: 1252

RECEIVED

SEP 27 2004

Amendment Under 37 C.F.R. § 1.111

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The present communication responds to the Office Action dated June 21, 2004, in the above-identified application. Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims beginning on page 2.

Remarks begin on page 7.